## PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

Application or Docket Number 10 577152

| CLAIMS AS FILED - PART I   |                                       |   |                   |   |                  |            | SMALL EI            | JTITV                  |     | OTUE                | R THAN                 |
|--|---------------------------------------|---|-------------------|---|------------------|------------|---------------------|------------------------|-----|---------------------|------------------------|
| L  | · .                                   |   | (Colu             | mn 1)                                       | (Column 2)       |            | TYPE                |                        | 01  |                     | ENTITY                 |
| U.S. NATIONAL STAGE FEES   |                                       |   |                   |   |                  |            | RATE                | FEE                    | 7   | RATE                | FEE                    |
| BASIC FEE  |                                       |   |                   |   |                  |            | BASIC FEE           |                        | OF  | R BASIC FEE         | 300                    |
| EXAMINATION FEE  |                                       |   |                   |   |                  | 7          | EXAM. FEE           |                        | 1   | EXAM. FEE           | 200                    |
| SEARCH FEE   |                                       |   |                   |   |                  |            | SEARCH FEE          | 1                      | 1   | SEARCH FEE          |                        |
| FEE FOR EXTRA SPEC. PGS.   |                                       |   | mi                | nus 100 =                                   | / 50 =           | 1          | X \$ 125 =          | 1                      | 1   | X \$ 250 =          | 1704                   |
| TOTAL CHARGEABLE CLAIMS  |                                       |   | (0 m              | inus 20 = *                                 |                  | 1          | X \$ 25.=           | -                      | OR  |                     |                        |
| IND  | EPENDENT C                            | LAIMS   | 1                 | ninus 3 = *                                 |                  | -          | X \$ 100 =          | <del> </del>           | OR  |                     | -                      |
| MU   | LTIPLE DEPE                           | NDENT CLAIM PR  | RESENT            | <del></del>                                 |                  |            | + \$ 180 =          | <b>\</b>               | OR  | ļ                   |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |                                       |   |                   |   |                  |            | TOTAL               | <del> </del>           | OR  | L                   | an                     |
|  | 1                                     | CLAIMS AS<br>(Column 1)   | AMENDED           | Column 2)                                   | (Column 3)       |            | SMALL E             | NTITY                  | OR. | OTHER<br>SMALL E    |                        |
| AMENDMENT A  |                                       | REMAINING<br>AFTER<br>AMENDMENT                                       |                   | NUMBER<br>PREVIOUSLY<br>PAID FOR            | PRESENT<br>EXTRA |            | RATE                | ADDI-<br>TIONAL<br>FEE |     | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total                                 | <b> </b>  | Minus             | **  | =                |            | X \$ 25 =           |                        | OR  | X \$ 50 =           |                        |
|  | Independent                           | <u> </u>  | Minus             | ***   | =                |            | X \$ 100 =          |                        | OR  | X \$ 200 =          |                        |
| <del></del>  | FIRST PRES                            | SENTATION OF M  | MULTIPLE DEP      | ENDENT CLAIM                                | ' [              |            | + \$ 180 =          |                        | OR  | + \$ 360 =          |                        |
| ٠  |                                       |   |                   |   | •                |            | TOTAL ADDIT.<br>FFF |                        | OR  | TOTAL ADDIT.<br>FFF |                        |
| · .  | · · · · · · · · · · · · · · · · · · · | (Column 1)  |                   | (Column 2)                                  | (Column 3)       |            | <i>,</i> •          |                        |     |                     |                        |
| z l  |                                       | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                             |                   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |            | RATE                | ADDI-<br>TIONAL<br>FEE |     | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total                                 | *   | Minus             | **  | 8                |            | X \$ 25 =           |                        | or  | X \$ 50 =           |                        |
|  | Independent                           | *   | Minus             | ***   | =                |            | X \$ 100 =          |                        | OR  | X \$ 200 =          |                        |
|  | FIRST PRES                            | ENTATION OF M   | ULTIPLE DEPE      | NDENT CLAIM                                 |                  |            | + \$ 180 =          | ·                      | OR  | + \$ 360 =          |                        |
| •  |                                       |   |                   |   | ·                | . <b>I</b> | OTAL ADDIT.         |                        | L   | TOTAL ADDIT.        |                        |
| *  | the entry in colu                     | mn 1 is less than the   | entry in column 2 | write "0" in columi                         | n 3.             | :          | _                   |                        |     | FFF L               |                        |
| 11   | me "Highest Nur                       | mber Previously Paid<br>mber Previously Paid<br>ber Previously Paid i | For" IN THIS SP   | ACE is less than '3'                        | , enter "3"      | ln H       |                     |                        |     |                     |                        |